

SOUTH ISLAND IQP REGISTRATION PANEL

(Independent Qualified Persons)

PO Box 522

Timaru 7940

Phone: 03 687 7200

Fax 03 687 7209

P:\COMPLAINT FORM (IQP).doc

COMPLAINT FORM INDEPENDENT QUALIFIED PERSONS (IQP)

You must use this form to complain to the South Island IQP registration panel about the conduct of an IQP. Your complaint must relate to a person who is a current IQP.

Send to:

South Island IQP
C/- Timaru District Council
PO Box 522
TIMARU 7940

Email to: iqpenquiry@timdc.govt.nz**Fax to:** 03 687 7200**Or personally handed in at:**

Timaru District Council
2 King George Place
TIMARU 7910

PART 1: YOUR DETAILS

Title: Mr Mrs Miss Ms

Surname:

First Names:

Company name (if applicable):

Street Address:

Suburb:

Town/City:

Post Code:

Postal Address (if different from above):

Suburb:

Town/City:

Post Code

Daytime phone number: ()

Mobile phone number:

Email address:

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PART 2: WHEN AND WHERE THE WORK COMPLAINED ABOUT WAS DONE IF APPLICABLE)

Specific date(s) work undertaken:

Street address:

Suburb:

Town/City

Are you the owner of this property? Yes No

Name of owner (if not yourself):

Owner's phone number: ()

Owner's mobile number:

Owner's email address:

PART 3: DETAILS OF THE IQP YOU ARE COMPLAINING ABOUT

Title: Mr Mrs Miss Ms

Surname:

First Names:

Company name (if applicable):

Street Address:

Suburb:

Town/City:

Post Code:

Postal Address (if different from above):

Suburb:

Town/City:

Post Code

Daytime phone number: ()

Mobile phone number:

Email address:

IQP number (if known):

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PART 4: WHAT THE COMPLAINT IS ABOUT

Please provide as much detail as possible (including dates) about the conduct you are complaining about.



NOTE: Please attach further details on a separate piece of paper if there is insufficient room above.

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PART 5: EVIDENCE IN SUPPORT OF THE COMPLAINT

Please detail any evidence you are able to provide to support your complaint:



NOTE: Please attach copies of any evidential documents and/or photographs to support your complaint.

PART 6: STEPS TAKEN TO RESOLVE THE COMPLAINT

Please detail what steps you have already taken to resolve the complaint:



NOTE: Attach copies of any evidential documents and/or photographs to support your complaint.

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PART 7: OUTCOME

Please indicate your preferred outcome:



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PART 8. WITNESS(ES), IF ANY

Witness 1

Title: Mr Mrs Miss Ms

Surname:

First Names:

Company name (if applicable):

Role in project:

Street Address:

Suburb:

Town/City:

Post Code:

Postal Address (if different from above):

Suburb:

Town/City:

Post Code

Daytime phone number: ()

Mobile phone number:

Email address:

Outline the points of note the witness observed in relation to your complaint:

NOTE: A witness is anyone (other than yourself) who observed the inspection being carried out, and/or the finished inspection and/or was a party to any discussions relating to the alleged non-compliance.

Please provide details of further witnesses on a separate piece of paper if you have more than one witness.

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PART 9: ATTACHMENTS

How many photos are attached to this form?

How many extra sheets of paper are attached to this form?

Have you attached anything else to this form – if so what?

PART 10: DECLARATION

I agree to all documentation relating to this complaint being released to all parties involved, and declare that the information I have supplied in this form is true and correct. I understand that it is an offence under the Building Act 2004 to provide false or misleading information.

Signature:

Date:

PLEASE NOTE

Complaints may lead to IQP being withdrawn from the IQP register but the SIIQPR (South Island Independent Qualified Persons Register) can not award compensation or reparation.

Your complaint must be in writing and provide enough information to enable the complaint to be investigated. Anonymous complaints cannot be investigated.

All the documentation relating to this complaint will be released to all parties involved in the complaint and the respondent will be invited to provide evidence to support their position.